

***Fifth Annual Conference on Childhood Grief and Traumatic Loss
Restoring Joy to Children and Their Families***

March 26, 2009

**The California Endowment Center
1000 North Alameda Street
Los Angeles, CA 90012**

The Department of Mental Health Employees are encouraged to attend the Fifth Annual Conference on Childhood Grief and Traumatic Loss, "Restoring Joy to Children and Their Families. The 1-day conference is designed to provide current information and help increase awareness and knowledge to enhance the skills of mental health professionals who work with families on grief and loss issues. The Department of Mental Health is a co-sponsor of this event.

DMH Employee fee for the all-day Conference is \$25

Please use the attached registration form. To view the registration booklet and workshop descriptions, please visit: www.ican.ncfr.org and click on Grief Conference Registration. Space is limited and on a first-come, first-serve basis.

For more information, please contact:

**Patricia Lopez White
(213) 251- 6873
plopezwhite@dmh.lacounty.gov**

Childhood Grief and Traumatic Loss

Restoring Joy to Children and Families

DMH

Registration Form

Please complete and mail this form to ICAN at the address listed below.

1. Los Angeles County Employee Number: _____

First Name: _____ Last Name: _____

Program/Unit: _____ Title: _____

Street Address _____

City _____ State _____ Zip: _____

Phone _____ Email: _____

Print Supervisor Name: _____ Supervisor Signature _____

2. **Workshop Sessions**

Please identify your 1st, 2nd & 3rd workshop choices for each of the sessions by placing the appropriate workshop number in the spaces provided.

(To view the registration booklet & workshop descriptions, please visit www.ican-ncfr.org and click on *Grief Conference Registration*)

Conference: Thursday, March 26, 2009

Session I	1 st _____	2 nd _____	3 rd _____
Session II	1 st _____	2 nd _____	3 rd _____
Session III	1 st _____	2 nd _____	3 rd _____

3. I am requesting **CMEs / CEUs**: _____

License Number (Required)*

* [Important notice about CMEs/CEUs on page 4 of the registration booklet]

4. **Special Needs (Please note that this information must be received by March 5, 2009):**

- ☐ Vegetarian Lunch
☐ American Sign Language (ASL) Interpreter

5. **Conference Fee**

DMH employees will be required to mail a check for \$25 along with this registration form DIRECTLY TO ICAN AT THE ADDRESS BELOW. Please make check payable to ICAN Associates.

SPACE IS LIMITED AND ON A FIRST COME FIRST SERVE BASIS.

For more information about DMH registration,
Please contact Patricia Lopez White at (213) 251-6873 or plopezwhite@dmh.lacounty.gov

Please mail this form with your payment to:

ICAN – Grief Conference
4024 N. Durfee Ave.
El Monte, CA 91732